

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HA	70591	12/10
O.I.P.E. CLASSIFIER			5 12-13-99
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	SB	#07033	1-3-99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	7/24/17
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
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10	✓
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45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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